

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	2					
5	1					
6	1					
7	1					
8	2					
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TOTAL IND.	2					
TOTAL DEP.	8					
TOTAL CLAIMS	10					

	IND	DEP	IND	DEP	IND	DEP
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